

Section 5

INTEGRATING PRIMARY PREVENTION & INTERVENTION PROGRAMS

**5.1: WHAT IS
AT-RISK?**

A comprehensive school counseling program meets the needs of all of its students. Special programs targeting those students 'at-risk' are a necessary component. Your current program may address at-risk students at the crisis-reactive and remedial prevention levels. You need to determine if the needs of all students experiencing difficulty are addressed.

The question of the meaning of 'at-risk', and who is 'at-risk', is defined to some extent by the New Jersey Department of Education's Guidelines for Monitoring. Districts experience different 'at-risk' populations, and those problems for which the students are at risk differ, as well. In some districts, alcohol and drug use overshadow other problems, while in other schools dropouts, violence and teenage pregnancy are major problems. The Monitoring Guidelines ultimately address all students through the definitions of *disruptive*, *disaffected*, and *potential drop outs*.

Students with limited English language proficiency, or with differing cultural and ethnic backgrounds than the school majority, may fit any of these three categories, as well as a fourth—they are potentially disenfranchised from the educational system. They may lack the 'survival skills' needed to keep up with others and compete for counseling and educational services.

The information below is provided in order to assist schools in identifying the target populations, building on prioritized primary prevention, and intervention programs while phasing in developmental programs to address all students.

Disaffected

Students may be at risk of dropping out, becoming disruptive, or developing other school-related difficulties due to a complex set of problems which affect their outlook on life and school. Disaffected students may have:

- poor attendance
- low self-esteem and aspirations
- unrealistic goals and perceptions
- learning difficulties
- dysfunctional or disruptive family systems
- poor social adjustment
- passive, withdrawn behavior
- chronic disciplinary offenses
- unresponsiveness to classroom activities
- a history of alcohol or other drug use
- needs not being met by the educational system

NJ School Counseling Initiative

Disruptive

Disruptive students manifest chronic behaviors which can be described as disruptive to the school environment and their own educational experiences, including:

- multiple suspensions and disciplinary referrals
- chronic attendance-related problems
- behavior inappropriate to the school setting
- violent or aggressive behavior (physically and/or verbally)
- disruptive students may include those whose needs are not being met by the educational system

Drop outs

The best approach to delivering services to students who leave school prior to graduation is to identify them early, thereby preventing dropping out. Potential drop outs may have some or all of the following characteristics:

- disaffected with current school placement or programs
- disruptive in or around school
- failing grades or performance which is declining or not commensurate with abilities
- withdrawal from school activities
- pregnancy or raising a child
- poor parental support for continuing their education
- problems at home (alcoholism, divorce, illness, sexual abuse)
- financial problems
- recent emancipation
- drug or alcohol involvement and recovery following treatment
- chronic or increasing disciplinary infractions
- inability to relate staying in school to learning to earn a living
- external locus of control
- declining ability to view school as a place to learn

Multicultural/ Multilingual

Students with limited or no English language proficiency require special intervention programs which integrate intensive English instruction, social and educational survival skills, orientation to a new school environment, counseling assessment and appraisal in their native language.

They need to be able to identify with their own cultural heritage and traditions and to feel accepted by others, both students and teachers. Their cultural view of counseling and of education may differ from the norm. Parent involvement and outreach programs in the community are essential. These students may demonstrate characteristics of disaffected, disruptive, potential drop outs, and their special multicultural needs may be overlooked.

**5.2: ON-GOING
PREVENTION
ACTIVITIES**

Primary Prevention

Three types of prevention address the needs of the at-risk population. The needs assessment can identify target populations and problem areas.

Programs offered to the general student population who have not been identified as having the problem. Primary prevention is delivered as a means of vaccination to hinder the development of problematic behavior.

**Secondary
Prevention**

Programs offered to students who, because of problems affecting someone close to them or in their environment, may develop problems without special attention. They are essentially at-risk students.

Early Intervention

Strategies are employed with students who have demonstrated developing 'symptoms' of problematic behavior. These interventions include counseling, academic assistance, and educational support.

Prevention activities, as noted by Lewis, Dana, and Blevins in *Substance Abuse Counseling*, should be:

- ✓ based on a thorough planning process that is empirically validated
- ✓ comprehensive enough to reach their intended targets
- ✓ intensive enough to promote change
- ✓ both internally and externally consistent
- ✓ designed to include thorough training for those who conduct them
- ✓ community owned
- ✓ subject to continuous public evaluation

Comprehensive needs assessment identifies students 'at-risk' and local special needs. On-going prevention activities are an important part of the Comprehensive Developmental School Counseling program. These activities are based on age appropriate, developmentally based issues for students, and fit into the curriculum model. The description and matrix below demonstrate prevention programs at each educational level.

NJ School Counseling Initiative

In an ERIC paper (*Integrating Primary Prevention Into a Comprehensive K-12 Program*, 1980), Mascari notes:

'Primary prevention is the most cost effective way to address a broad array of mental health problems in children and adolescence. Too often our programs are splintered, ill planned, poorly timed, lack coordination, and ultimately have limited impact on the problem we intended to affect. This problem could be avoided by: reading the research; using a thorough planning process; including outcome evaluations; and by designing a long range plan which coordinates services....'

AGE/GRADE	PROGRAM/SKILL	RESEARCH BASE
age 5/grade K	<ul style="list-style-type: none"> - early identification - parenting intervention - social/academic skills - transition to school 	<ul style="list-style-type: none"> - difficult behavior in early years correlates with heavy use of marijuana, alcohol, and tobacco in later life
K-grade 1	<ul style="list-style-type: none"> - can understand teacher expectations - can employ skills with confidence 	<ul style="list-style-type: none"> - negative teacher-student interaction "loops" to poor self-image and failure
grades 2-4	<ul style="list-style-type: none"> - affective programs - academic skill building - correcting family dysfunction 	<ul style="list-style-type: none"> - poor school performance leads to psychological casualties in early and later life
grades 5-6	<ul style="list-style-type: none"> - positive peer models - refusal skills - alternative education 	<ul style="list-style-type: none"> - decisions to drink alcohol are made "here". Action prior to onset of use is critical
grades 6-8	<ul style="list-style-type: none"> - resisting peer pressure - psychosocial skills 	<ul style="list-style-type: none"> - decisions prior to onset of drug use now becomes critical
grades 8-12	<ul style="list-style-type: none"> - school/community teams use multi-modal programs: mentoring, career shadowing, business partnerships - firm messages which are enforced 	<ul style="list-style-type: none"> - positive school climate leads to decrease in drugs, violence, and vandalism - decisions to raise level of career aspirations are made here

A chart describing the "protective factors" identified by the U.S. and California Departments of Education is reprinted in the section appendix from Quest International's newsletter, *Energizer*, #17, Winter 1991.

NJ School Counseling Initiative

Samples of model prevention programs will be provided by the New Jersey Model training workshops. The models will address the following prevention areas:

- drop outs
- suicide
- alcohol and other drug abuse
- school failure
- pregnancy
- AIDS
- responsible sexual behavior
- school motivation
- divorce
- English as a second language
- multicultural and multiethnic families
- raising career aspirations
- creating healthy school environments

NJ School Counseling Initiative

Samples of model prevention programs will be provided by the New Jersey Model training workshops. The models will address the following prevention areas:

- drop outs
- suicide
- alcohol and other drug abuse
- school failure
- pregnancy
- AIDS
- responsible sexual behavior
- school motivation
- divorce
- English as a second language
- multicultural and multiethnic families
- raising career aspirations
- creating healthy school environments

NJ School Counseling Initiative

5.3: INTERVENTION PROGRAM MODELS

With the increase in programs to intervene with student alcohol and drug use, suicide, divorce and a myriad of other problems manifested in the school, a unified vehicle to coordinate services is necessary. Model committees provide support services to students, including disaster preparedness team, 'Core Team', and suicide crisis intervention programs. The New Jersey Model is based on a foundation of coordination of delivery methods and use of counselor expertise.

The New Jersey Department of Education-Division of Special Education's proposed 'Plan to Revise' addresses the development of the School Resource Committee as part of the pre-referral process for making referrals to the Child Study Team and possible classification. The Resource Committee must be integrated into the school's comprehensive program.

The Resource Committee can serve as the clearinghouse for educational intervention, behavior problems, alcohol and drugs, and a referrals continuum of services in General Education. The School Resource Committee is a collaboration approach which provides the entire school with a coordinated system to managing services to the 'at-risk' student and provides linkage for the guidance and counseling curriculum, and counseling and consultation.

The composition of the School Resource Committee includes administration, teachers, school nurse, the Child Study Team, Student Assistance program, and the School Counselor. The student's School Counselor remains a critical link in the School Resource Committee as the professional with the broadest view of the student's performance. The School Counselor offers the best opportunity for coordinating services among the various agency programs which may be serving the student and the family.

Samples for the operation of the School Resource Committee and of intervention programs will be provided at New Jersey Model Training Workshops. The models will address the following intervention areas:

- drop outs
- suicide
- alcohol and other drug abuse
- pre-referral intervention
- pregnant students or student parents
- effective networking with community agencies and programs
- intervention for ESL students
- alternative educational strategies

